



Express Mail Label No ER 842053844 US  
Dated & Mailed December 19, 2005.

Sample Form (09-04)

### AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

BOWE et al.

Application No.

10/657,433

Filed:

September 8, 2003

Title:

### FEED TABLE PIVOT PIN CONSTRAINING DEVICE

Attorney Docket No.

308,984

Art Unit:

3672

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ABELMAN, FRAYNE & SCHWAB  
DEC 14 2005  
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The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Jeffrey A. Schwab Reg. No. 24,490, Thomas E. Spath Reg. 25,928, Jay S. Cinamou Reg. No. 24,156, Joseph J. Catanzaro Reg. No. 25,837, Anthony Coppola Reg. No. 41,493, Anthony J. Natoli Reg. No. 36,223, J. David Dainow Reg. No. 22,959, Steven M. Hertzberg Reg. No. 41,834, David T. Toren Reg. No. 19,468, Alexander Zinchuk, Reg. No. 30,541	
Abelman, Frayne & Schwab 666 Third Avenue, New York, New York 10017-5621 Tel: (212) 949-9022/Fax: (212) 949-9190	

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

### SIGNATURE of Practitioner of Record

Signature		Date	12/14/05
Name	Joseph D. Kuborn, Andrus, Scales, Starka & Sawall, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202-1100	Registration No., if applicable	40,689
Telephone	Tel: (414) 271-7590/Fax: (414) 271-5770		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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 <b>Effective on 12/08/2004.</b> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	December 19, 2005
		First Named Inventor	James M. BOWE
		Examiner Name	GAY, Jennifer H.
		Art Unit	3672
		Attorney Docket No.	308,984
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		320.00	

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 01-0035 Deposit Account Name: Abelman, Frayne & Schwab

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>					
27	x 20 or HP =	4	x 50.00	= 200.00			
	HP = highest number of total claims paid for, if greater than 20.						

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 or HP =	0	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number)	x 250.00	= 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time 1mo.

Fees Paid (\$)

120

120.00

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent)	25,837	Telephone	212-949-9022
Name (Print/Type)	Joseph J. CATANZARO		Date	December 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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